DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: ARC HOUSE (110002)

Address: 202 N PATERSON ST, MADISON, WI 53703

License Status: REGULAR

Licensed/Certified/Registered 03/31/1982

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096319 End Date: 02/06/2006 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092376 End Date: 04/12/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007978 Served 04/20/2004

ficiencies Cited Subject Area Subject Area Verified

Deficiencies Cited
83.14(8)Subject Area
DOCUMENTATIONVerified
02/06/2006Corrected
Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 01/24/2006 Date Investigation Completed: 02/06/2006

Subject Area(s) Result SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE MEDICATIONS

NOT SUBSTANTIATED NOT SUBSTANTIATED